



DEPARTMENT OF HEALTH & MENTAL HYGIENE

MEDICAL CARE PROGRAM

**COMPANION GUIDE FOR
276/277 - HEALTH CARE CLAIM STATUS
INQUIRY AND RESPONSE
VERSION 005010X212**

January 01, 2013

Draft - Version 1

Disclosure Statement

This document is intended for the use by Trading Partners to exchange HIPAA compliant transactions with the State of Maryland's Medicaid Program.

Preface

This Companion Guide to the v5010 ASC X12N TR3 guide and associated errata(s) and/or addenda(s) adopted under HIPAA clarifies and specifies the data content when exchanging HIPAA transactions electronically with the State of Maryland's Medicaid Program. Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N TR3 guide, are compliant with both ASC X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the v5010 ASC X12N TR3 guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the v5010 ASC X12N TR3 guides.

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Health Care Claim Status Inquiry and Response 276/277

1 INTRODUCTION

This Companion Guide governs electronic transmission of claims status information on the ASC X12 276/277 – Health Care Claim Status Inquiry and Response (005010X212) transaction. The first section of this Companion Guide contains information for the 276 transaction to transmit health care claim inquiries from providers of health care services to Maryland Medicaid, either directly or through an intermediary (i.e., clearinghouses, etc.). The second section of this Companion Guide contains information for the 277 transaction used to respond to Health Care claim status inquiries and is covered separately within this companion guide following the 276 information.

SCOPE

This guide is not to be used as a substitution for the 276/277 Health Care Claim Status Inquiry and Response Implementation Guide. The objective of this document is to clarify what information is needed by Maryland Medicaid's trading partners where multiple values exist and/or specific values are needed.

276 OVERVIEW

All alpha characters must be in upper case. Data must be in ASCII format. Do not suppress leading zeros for data elements such as Provider Number, Recipient ID, etc. This type of data should be handled as alphanumeric.

The transaction set should not include any inquiries with a 2000E Dependent level loop. 276 transactions containing 2000E Dependent level loop segments will be rejected. An ASC X12N 997/999 transaction will be used to convey the rejection and may include associated reasons.

It is highly recommended that a TRN segment containing a unique tracking number be included on the 276 transaction to provide traceability and to assist with any research and analysis regarding any inquiries submitted.

A maximum of 99 subscriber loops per transaction can be processed in batch mode. Only single inquires for the real-time interface are allowed.

Search Criteria Details:

Submitters may submit one of the following search criteria sets with the required fields marked with an 'X':

Scenario	ICN	Pay-To NPI	Recipient ID	Date of Service Beg Date	Date of Service End Date	Payment Cycle Beg Date	Payment Cycle End Date	Max Result Set Returned
Search by ICN	X	X	X	X	X			1
Search for a recipient's claims within a two month Date of Service window.		X	X	X	X			500

277 OVERVIEW

All alpha characters will be in upper case and will be in ASCII format. Leading zeros are not suppressed.

In the event a 276 Inquiry Transaction was rejected, an ASC X12N 997/999 transaction will have been used to convey the rejection and may have included an associated reason.

A 276 inquiry may contain multiple claim status requests. The flexibility of the 276 transaction allows the grouping of multiple requests to be accomplished in more than one way. A 277 response will be generated for each ST/SE pair.

Refer to the table in the 276 Details section above for the expected maximum number of claims that may be returned on a single inquiry.

REFERENCES

ASC X12 Standards for Electronic Data Interchange
 Technical Report Type 3
 Health Care Claim Status Request and Response (276/277), Dated August 2006

* Erratas dated April 2008 and January 2009

CAQH\CORE Compliance:

Effective January 1, 2013, Maryland Medicaid's 276/277 batch and real-time interfaces will be in compliance with the Centers for Medicare & Medicaid mandated CAQH\CORE Operating Rules for the 276/277.

Information regarding the CAQH\CORE Operating Rules for the 276/277 can be found on the CMS's website:

http://www.caqh.org/ORMandate_Eligibility.php

This Companion Guide will be found on the State of Maryland Department of Health and Mental Hygiene website:

<http://dhmh.maryland.gov/hipaa/sitepages/transandcodesets.aspx>

ADDITIONAL INFORMATION

Additional information can be found at:

<http://dhmh.maryland.gov/>

<http://cms.gov>

2 GETTING STARTED

WORKING WITH STATE OF MARYLAND'S MEDICAID PROGRAM

To enroll as a submitter/Trading Partner to exchange HIPAA transactions, send an email requesting enrollment to dhmh.hipaeditest@maryland.gov. Also, see the DHMH's website for further information on enrollment and requirements at <http://dhmh.maryland.gov/hipaa/sitepages/transandcodesets.aspx>

TRADING PARTNER REGISTRATION

The HIPAAEDITEST team assists Trading Partners during the enrollment process. Communication is done via email with the HIPAAEDITEST team, they can be reached at: dhmh.hipaeditest@maryland.gov

TESTING OVERVIEW

Testing is conducted in two phases. The first phase is done through DHMH's CommerceDesk, once completed the Trading Partner is released to the second phase of testing on the DHMH's WebPortal.

3 TESTING WITH THE PAYER

Details of testing and migration to production will be communicated through the HIPAAEDITEST team.

4 CONNECTIVITY WITH THE PAYER/COMMUNICATIONS

The HIPAAEDITEST team will provide a Trading Partner Connectivity document that will provide details about access to the DHMH portals. A User ID and a default password will be assigned.

5 CONTACT INFORMATION

EDI TECHNICAL ASSISTANCE

Forward all **Production** issues and/or questions to:

DHMH.EDIOPS@Maryland.gov

Any **Testing** issues and/or questions may be forwarded to:

DHMH.HIPAAEDITEST@Maryland.gov

DHMH assumes that a Trading Partner or their assignee has technical staff to resolve testing and production issues.

PROVIDER SERVICE NUMBER

Providers can obtain contact numbers to DHMH's Provider Relations at

<http://mmcp.dhmh.maryland.gov/SitePages/Provider%20Relations%20Call%20Center.aspx>

APPLICABLE WEBSITES/E-MAIL

Trading Partners and providers will need to reference other information from DHMH on billing procedures that can be found through this link:

<http://mmcp.dhmh.maryland.gov/SitePages/About%20Our%20Programs.aspx>

6 CONTROL SEGMENTS/ENVELOPES

ISA-IEA

The State of Maryland's Medicaid Program allows and uses the separators and delimiters and interchange control segments in accordance with the Appendices C - EDI Control Directory and B - Nomenclature of the HIPAA TR3 guidelines. ISA Sender and Receiver codes and qualifiers are exchanged during the Trading Partner Enrollment process which is handled by the HIPAAEDITEST team. ISA Control Numbers should be unique for each transmission submitted to properly identify files received by the State of Maryland's Medicaid Program.

GS-GE

The State of Maryland's Medicaid Program allows and uses the functional group control segments in accordance with the Appendices C - EDI Control Directory and B - Nomenclature of the HIPAA TR3 guidelines. GS Sender and Receiver codes are exchanged during the Trading Partner Enrollment process which is handled by the HIPAAEDITEST team. GS Control Numbers should be unique for each transmission sent in order to properly acknowledge with an ASC X12N 997 or 999 transaction set.

ST-SE

The State of Maryland's Medicaid Program allows and uses transaction set control numbers in accordance with the Appendices C - EDI Control Directory and B - Nomenclature of the HIPAA TR3 guidelines. ST Control Numbers should be unique within a GS control number group.

7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

State of Maryland's Medicaid Program billing instructions and limitations for claims processing can be found through this link:
<http://mmcp.dhmf.maryland.gov/SitePages/About%20Our%20Programs.aspx>

8 ACKNOWLEDGEMENTS AND/OR REPORTS

Transactions containing non-compliant ASC X12N data will be rejected with an ASC X12N 997 or 999 transaction. The Functional Acknowledgement used depends on the Trading Partner's choice made during trading partner enrollment. The ASC X12N 997/999 transactions will be used to convey the rejection and may include an associated reason. A compliant 276 transaction will not generate a Functional Acknowledgement transaction but will return an ASC X12N 277 response transaction in response to the compliant 276 transaction.

9 TRADING PARTNER AGREEMENTS

State of Maryland's Medicaid Program Trading Partner Agreement can be found through this link:

<http://dhmh.maryland.gov/hipaa/sitepages/transandcodesets.aspx>

10 TRANSACTION SPECIFIC INFORMATION**Maryland Medicaid Companion Guide – (276) Health Care Claim Status Inquiry****LEGEND:***SHADED rows represent "segments" in the X12N implementation guide**NON-SHADED rows represent "data elements" in the X12N implementation guide*

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.3			Interchange Control Header			
C.4		ISA01	Authorization Information Qualifier	00		
C.4		ISA03	Security Information Qualifier	00		
C.4		ISA05	Interchange ID Qualifier			Agreed upon during trading partner set-up
C.4		ISA06	Interchange Sender ID			Agreed upon during trading partner set-up
C.5		ISA07	Interchange ID Qualifier	ZZ		
C.5		ISA08	Interchange Receiver ID			526002033MCPD – Production 526002033MCPT – Test
C.6		ISA14	Acknowledgment Requested	0		No TA1 returned. Note: A Negative 997 or 999 will be returned containing the appropriate rejection code when the 276 is rejected due to compliance errors.
C.6		ISA15	Usage Indicator			T for Test Data P for Production Data
C.7			Functional Group Header			
C.7		GS02	Application Sender's Code			Agreed upon during trading partner set-up
C.7		GS03	Applications Receiver's Code			MMISCLMSTAT

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.8		GS08	Version/Release/Industry Identifier Code			005010X212
41	2100A		Payer Name			
42		NM108	Identification Code Qualifier	PI		Payer's Identification
42		NM109	Identification Code			526002033MCP
49	2100C		Provider Name			
51		NM108	Identification Code Qualifier	XX		
51		NM109	Identification Code		10	Pay-to Provider's NPI
56	2100D		Subscriber Name			
57		NM103	Name Last			Last name required for Medicaid recipient
57		NM108	Identification Code Qualifier	MI		Member Identification Number
57		NM109	Identification Code		11	Recipient's Medicaid ID
58	2200D		Claim Submitter Trace Number			
58		TRN02	Reference Identification			Recommend that this value be a unique number. Value will be returned in the 277 and used for any translation issues or inquiries.
94	2000E		Dependent Level			This loop will not be supported by Maryland Medicaid since the subscriber is always the patient.

Maryland Medicaid Companion Guide – (277) Health Care Claim Status Response

LEGEND:

SHADED rows represent "segments" in the X12N implementation guide

NON-SHADED rows represent "data elements" in the X12N implementation guide

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.3			Interchange Control Header			
C.4		ISA01	Authorization Information Qualifier	00		
C.4		ISA03	Security Information Qualifier	00		
C.4		ISA05	Interchange ID Qualifier	ZZ		
C.4		ISA06	Interchange Sender ID			526002033MCPP – Production 526002033MCPT – Test
C.5		ISA07	Interchange ID Qualifier			Agreed upon during trading partner set-up
C.5		ISA08	Interchange Receiver ID			Agreed upon during trading partner set-up
C.6		ISA14	Acknowledgment Requested	0		No Acknowledgement Requested
C.6		ISA15	Usage Indicator			T for Test Data P for Production Data
C.7			Functional Group Header			
C.7		GS02	Application Sender's Code			MMISCLMSTAT
C.7		GS03	Applications Receiver's Code			Agreed upon during trading partner set-up

TR3 Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.8		GS08	Version/Release/Industry Identifier Code			005010X212
111	2100A		Payer Name			
112		NM108	Identification Code Qualifier	PI		Payer's Identification
112			Identifier Code			526002033MCP
118	2100B		Information Receiver Name			
118		NM101	Entity Identifier Code			The Information Receiver data received on the 276 Inquiry transaction will be echoed back on the associated 277 Response transaction.
118		NM102	Entity Type Qualifier			
119		NM103	Name Last or Organization Name			
119		NM104	Name First			
119		NM105	Name Middle			
119		NM107	Name Suffix			
119		NM108	Identification Code Qualifier			
119		NM109	Identification Code			
133	2000D		Subscriber Level			This loop will be used since the recipient is the subscriber
137	2200D		Claim Submitter Trace Number			
137		TRN02	Reference Identification			Value will be identical to the TRN02 submitted on the 276 request
165	2200D		Payer Claim Identification Number			
165	165	REF01	Payer's Claim Number	1K	2	
166		REF 02	Reference Identification		17	Payer's Assigned number (ICN). This value should be submitted on the 276 when known.

APPENDICES

1. Frequently Asked Questions

FAQs for HIPPA EDI Transactions can be found under Hot Issues at <http://dhmh.maryland.gov/hipaa/sitepages/transandcodesets.aspx>

2. Change Summary

Version	Date Released	Description of Changes
Draft 1.0	January 1, 2013	Initial Release of the new compliant CAQH/CORE Companion Guide